

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09981

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 3/22/45  
 Hospital, institution, or street address where death occurred:  
 Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 3/22/45

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Maryland County.....  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 4005 Fernhill Ave.  
 (If rural, give LOCATION)

2.(a) if veteran, name war.....

3.(a) FULL NAME

James L. Amlin

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Leona Amlin  
 6.(c) If alive, give age 40 years  
 7. Birth date of deceased (mo., day, yr.) July 16, 1904  
 8. AGE: Years 42 Months 3 Days 7 If less than one day  
 .....hrs. ....min.

9. Birthplace Marietta, Ohio  
 (Town, county, and state)  
 10. Usual occupation Department store head  
 11. Industry or business  
 12. Name Samuel L. Amlin  
 13. Birthplace Marietta, Ohio  
 14. Maiden name Sarah Finch  
 15. Birthplace Marietta, Ohio  
 16. Informant Deceased

Address Burial  
 17. (Burial, cremation, or removal. Which?) Date thereof 10/26/46  
 (month) (day) (year)  
 Cemetery or crematory  
 Transportation to: Marietta, Ohio  
 Location  
 18. Funeral director W. J. Tickner & Sons  
 Address North & Penna Ave., Baltimore, Md.  
 19. 10/24/1946  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1946 at 2:03 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 March 22 1945 to Oct. 23 1946  
 and that I last saw him alive on October 23 1946

Immediate cause of death  
 Pulmonary Tuberculosis

DURATION

20 Mos.

~~and~~ Bilateral Choroiditis,  
 probably tuberculous

10 Mos.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE.....

M. D. X

Address State Sanatorium, Md. Date signed 10/24/46

MARGIN RESERVED FOR BINDING

VS A15 9.45.17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09982

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? Since October 5, 1946

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 433 South Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

RHODA NONA BAUGHER

## 3. (b) Social Security Number

None

## 4. Sex

F

## 5. Color or race

W6. (a) Single, married, widowed, or divorcedW

## 6. (b) Name of husband or wife

Samuel Baugher

8. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of deceased (mo., day, yr.)

May 6, 1872

## 8. AGE:

Years

Months

Days

If less than one day

7457

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 9. Birthplace

Johnsville-Frederick-Maryland

(Town, county, and state)

At Home

## 10. Usual occupation

## 11. Industry or business

FATHER

## 12. Name

John Fox

## 13. Birthplace

Frederick County Maryland

MOTHER

## 14. Maiden name

Sarah Strasberger

## 15. Birthplace

Frederick County Maryland

## 16. Informant

Oscar Baugher

## Address

433 S. Market St., Frederick, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 10/16/46

(month) (day) (year)

## Cemetery or crematory

Glade Cemetery

## Location

Walkersville, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland19. 15 Oct 1946  
(Date rec'd by registrar)Elizabeth G. Hede  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 13th 1946 at 11:35A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 1 1946 to Oct. 13 1946  
and that I last saw her alive on Oct. 13 1946

Immediate cause of death

Carcinomatosis, abdomen

DURATION

1 year

Due to

(Primary source undetermined)

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE

Bernard Thomas Jr.

M. D.

M. D. or other

Address Frederick, Maryland Date signed 10-14-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-13M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 17 1946

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B32

## CERTIFICATE OF DEATH

Reg. Dist. No. 09983 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
308 N. Patrick Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 308 N. Patrick St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Albert J. H. Beall

## 3. (b) Social Security Number

none

4. Sex male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Blanche M. Klein Beall

7. Birth date of deceased (mo., day, yr.) August 17-1869 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 77 Months 2 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County, Md.  
 (Town, county, and state)

10. Usual occupation meat merchant

11. Industry or business \_\_\_\_\_

12. Name Adam J. Beall

13. Birthplace Frederick Co. Md.

14. Maiden name Jane Murphy

15. Birthplace Frederick Co. Md.

16. Informant Mrs. Elsie M. Fogle

Address Frederick - Md.

17. Burial Date thereof 10-22-46  
 (Burial, cremation, or removal, whichever)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick - Md.

18. Funeral director C. E. Clive and Son

Address Frederick - Md.

19. 21-Oct 19 46 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19- 1946, at 10:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 18th 1946 to Oct. 19th 1946 and that I last saw him alive on Oct. 18th 1946

Immediate cause of death Cerebral hemorrhage  
fibrous scar  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Frank H. Hedger M. D. or other \_\_\_\_\_

Address Frederick Md. Date signed 1946

RECEIVED  
OCT 22 1946  
BUREAU V.B.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 460 ✓

09984

## CERTIFICATE OF DEATH

Reg. Diat. No. 141

## 1. PLACE OF DEATH:

County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 48 yrs.  
 Hospital, institution, or street address where death occurred:  
7 N. Maple Ave.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 7 N. Maple Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Leo Joseph Bowler.

## 3. (b) Social Security Number

718149735

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M W Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1897  
 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: 48 Years 11 Months 5 Days hrs. min.  
 If less than one day

9. Birthplace Brunswick, Fred. Co., Md.  
 (Town, county, and state)

10. Usual occupation Railroad Conductor.11. Industry or business Washington Terminal Co.12. Name James L. Bowler13. Birthplace Duffields, Jef. Co., W. Va.14. Maiden name Margaret Kain15. Birthplace Harper's Ferry, Jef. Co., W. Va.16. Informant Mrs. C. W. Rau.Address 7 N. Maple Ave. Brunswick, Md.17. Burial Oct. 19, 1946.

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Peter's Catholic.Location Belivar, Jef. Co., W. Va.18. Funeral director Joseph S. BaileyAddress 320 W. Potomac St. Brunswick, Md.19. 10-18- 1946 Eugenia H. Burba

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1946 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1946, to Oct 17 1946, and that I last saw him alive on Oct 16 1946.

Immediate cause of death

DURATION

Carcinoma of Rectum

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma of Rectum Date of op Aug 6/46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

M. D. or other

Address Brunswick, Md. Date signed 10-18-46

MARGIN RESERVED FOR BINDING

VS A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 21 1946

BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Dist. No. 899838

1. PLACE OF DEATH: *Frederick*  
 County.....  
 City or town.....*Monrovia*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *16 years*  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....*Maryland* County.....*Frederick*  
 City or town.....*Monrovia*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
*George William Bruchey*

3. (b) Social Security Number  
*219-12-1451*

4. Sex.....*Male* 5. Color or race.....*White* 6. (a) Single, married, widowed, or divorced.....*Married*  
 6. (b) Name of husband or wife.....*Carrie Bruchey*  
 6. (c) If alive, give age.....*50* years  
 7. Birth date of deceased (mo., day, yr.).....*Sept. 20, 1896*  
 8. AGE: Years.....*50* Months.....*0* Days.....*14* If less than one day..... hrs. min.

9. Birthplace.....*Maryland*  
 (Town, county, and state)  
 10. Usual occupation.....*Laborer*  
 11. Industry or business.....  
 12. Name.....*Howard Bruchey*  
 13. Birthplace.....*Maryland*  
 14. Maiden name.....*Minnie Ricketts*  
 15. Birthplace.....*Maryland*

16. Informant.....*Carrie Bruchey wife*  
 Address.....*Monrovia Md.*  
 17. *Burial* Date thereof.....*10 7 1946*  
 (Burial, cremation or removal. Which?) (month) (day) (year)  
 Cemetery or crematory.....*Mount Olivet*  
 Location.....*Frederick Md.*  
 18. Funeral director.....*W. B. Falconer*  
 Address.....*New Market Md.*  
 19. *Oct 7* 19*46* *Lucian K. Falconer*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....*Oct 4* 19*46* at *3 P* M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Aug* 19*46* to *Oct 4* 19*46*  
 and that I last saw him alive on *Oct 4* 19*46*  
 Immediate cause of death.....*Coronary Thrombosis* DURATION.....*1 hour*  
 Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)  
 Major findings of operations..... Date of op.....  
 Autopsy results.....*None*  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?  
 23. SIGNATURE.....*Robert J. Ross M.D.* M. D. or other  
 Address.....*New Market* Date signed.....*Oct 7, 1946*

RECEIVED  
JUN 14 1946  
U.S. AIR FORCE

2-35

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

09987

Reg. Dist. No. 1380

1. PLACE OF DEATH:  
County Frederick  
City or town New Market  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 10 Years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town New Market  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3.(a) FULL NAME HENRY OSCAR BURALL  
3.(b) Social Security Number None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M  
6.(b) Name of husband or wife Ida Angleberger  
6.(c) If alive, give age 73 years  
7. Birth date of deceased (mo., day, yr.) July 26, 1870  
8. AGE: Years 76 Months 2 Days 11 If less than one day  
.....hrs. ....min.

9. Birthplace Nr. New London-Frederick-Maryland  
(Town, county, and state)  
10. Usual occupation Retired

11. Industry or business  
12. Name Samuel Burall  
13. Birthplace Frederick County Maryland  
14. Maiden name Christianna Fetterling  
15. Birthplace Frederick County Maryland

16. Informant Mrs. Ida Burall  
Address New Market, Maryland

17. Burial Burial Date thereof 10/10/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Central Cemetery  
Location Near New London, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. Oct 8 19 46 Lucian K. Talcom  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 19 46 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
dead to Oct 7 19 46  
and that I last saw h. alive on Oct 7 19 46

Immediate cause of death Coronary occlusion  
DURATION 1 hour

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE J.P.W. Bone D. J. W. Bone  
Address Frederick, Md Date signed 10-7-46  
M. D. or other

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 14 1946  
BUREAU V.M.

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 9/16/46  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 9/16/46

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 849 Washington Blvd.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Edward Cobers

## 3. (b) Social Security Number

215-03-5590

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Separated  
 6.(b) Name of husband or wife Grace Cobers  
 6.(c) If alive, give age 37 years  
 7. Birth date of deceased (mo., day, yr.) Dec. 8, 1908  
 8. AGE: Years 37 Months 10 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Md.  
 (Town, county, and state)  
 10. Usual occupation Truck Driver  
 11. Industry or business \_\_\_\_\_

FATHER 12. Name Casmier Cobers  
 13. Birthplace Lithuania  
 MOTHER 14. Maiden name Agnes Ralieg  
 15. Birthplace Lithuania

18. Informant Mrs. Agnes Miller (Sister)  
 Address 849 Wash. Blvd., Balto., Md.

17. Burial Burial Date thereof 10/15/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery Holy Redeemer  
 Location Belair Rd., Baltimore, Md.

18. Funeral director Joseph Kasinskas  
 Address 602 Wash. Blvd., Balto., Md.

19. Oct 12 46 (Date rec'd by registrar) 19. \_\_\_\_\_ Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1946, at 12:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
September 16 1946, to Oct. 11 1946  
 and that I last saw him alive on October 11 1946

Immediate cause of death Pulmonary Tuberculosis  
 DURATION 8 Mos.

~~XXXX~~ Tuberculous Meningitis  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)  
 Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.  
 22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. B. Miller  
 M. D. XXXX  
 Address State Sanatorium, Md. Date signed 10/12/46

REC-1

OCT 14 1946

BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

09988

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2 Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 812 East South Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

ELSIE MAY CREAGER

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FWM6. (b) Name of husband or wife John W. Creager6. (c) If alive, give age 58 years7. Birth date of deceased (mo., day, yr.) Unknown8. AGE: Years 56? Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Nr. Mt. Pleasant-Frederick-Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name James Lightner13. Birthplace Frederick County Maryland14. Maiden name Linda (last name unknown)15. Birthplace Frederick County Maryland16. Informant John W. CreagerAddress R.F.D.#3, Frederick, Maryland17. Burial Date thereof 10/7/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland19. 5-Oct. 1946 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 3rd, 1946 at 11:20P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

on 10-3-1946 at 10and that I last saw her alive on 10-3-46 at 19

Immediate cause of death

DURATION

Cerebral Hemorrhage  
Arterio Sclerosis  
Several hours

Due to

Other conditions

Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE H. G. Bourne Sr. M. D.

M. D. or other

Address Frederick, Maryland Date signed 10-4-46

MARGIN RESERVED FOR BINDING

VS A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 9 1946

BUREAU V S

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 131 0

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 Years

Hospital, institution, or street address where death occurred:

Near Frederick

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Frederick

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3.(a) FULL NAME

SARAH CATHERINE DERR

## 3.(b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced— <u>W</u>
--------------------	------------------------------	--

R. Scott Derr

8.(b) Name of husband or wife

6.(c) If alive, give age \_\_\_\_\_ years  
 T. Birth date of deceased (mo., day, yr.) December 25, 1856

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>10</u>	<u>6</u>	_____ hrs. _____ min.

9. Birthplace Harmony-Frederick-Maryland  
 (Town, county, and state)

At Home

10. Usual occupation

11. Industry or business

12. Name George Leatherman  
 13. Birthplace Frederick County Maryland

MOTHER  
 14. Maiden name Rebecca Johnson  
 15. Birthplace Frederick County Maryland

16. Informant Miss Mary E. Derr  
 Address R.F.D.#4, Frederick, Maryland

Burial 11/2/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory St. Luke's Lutheran Cemetery  
 Location Near Feagaville, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 31-Oct 1946 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 31st, 1946 at 1:30P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Oct 1st 1946 to Oct 31st 1946  
 and that I last saw him alive on Oct 31st 1946

Immediate cause of death

Acute dilatation of heart  
Myocardium

DURATION

4 days  
symptoms

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. \_\_\_\_\_

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

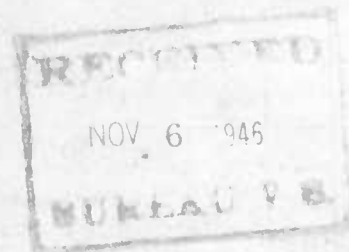
23. SIGNATURE F. H. Hedy M. D.

Address Frederick, Maryland Date signed 10-31-46

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2-25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 158

09990

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Adamsstown  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

None

## 3. (a) FULL NAME

Ona Grace New

## 3. (b) Social Security Number

None

4. Sex Female 5. Color of race White 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.)

October 25, 1946

5. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

8. Birthplace

Frederick, Md., Maryland  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER

12. Name

Samuel Alan New Jr.

13. Birthplace

Frederick County, Maryland

MOTHER

14. Maiden name

Ethel Williams

15. Birthplace

Wayne County, West Virginia

16. Informant

Virginia Edie

Address

Emergency Hosp. Fred., Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

10/28/46

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

28-Oct  
(Date rec'd by registrar)

19. 46

Elizabeth H. Hersh  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 27, 19 46, at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 25, 19 46, to Oct. 27, 19 46  
and that I last saw him alive on October 27, 19 46

Immediate cause of death

Exhaustion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Howard W. Lee M. D.

M. D. or other

Address Frederick, MarylandDate signed 10-28-46

23V9



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

09991

Reg. Dist. No. 144

<b>1. PLACE OF DEATH:</b> County <u>Frederick</u> City or town <u>Rocky Ridge - rural</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>30 years</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Rocky Ridge - rural</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war <u>No</u>			
<b>3. (a) FULL NAME</b> <u>Mary Blanche Eckenrode.</u>				<b>3. (b) Social Security Number</b> <u>None</u>			
<b>4. Sex</b> <u>Female</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>			
<b>6. (b) Name of husband or wife</b> <u>Henry B. Eckenrode Jr.</u>				<b>6. (c) If alive, give age</b> <u>49</u> years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>July 30, 1900</u>				<b>8. AGE:</b> Years <u>46</u> Months <u>2</u> Days <u>8</u> If less than one day _____ hrs. _____ min.			
<b>9. Birthplace</b> <u>Zora, Adams Co., Penna.</u> (Town, county, and state)				<b>10. Usual occupation</b> <u>Housewife</u>			
<b>11. Industry or business</b> <u>Home</u>				<b>12. Name</b> <u>Cornelius Shriner</u>			
<b>13. Birthplace</b> <u>Friends Creek, Md</u>				<b>14. Maiden name</b> <u>Fannie Forney</u>			
<b>15. Birthplace</b> <u>Thurmont, Md.</u>				<b>16. Informant</b> <u>Henry B. Eckenrode. Jr.</u> Address <u>Rocky Ridge, Md</u>			
<b>17. Burial</b> <u>Oct. 11, 1946</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Church of The Brethern</u> Location <u>Rocky Ridge, Md</u>				<b>18. Funeral director</b> <u>M. L. Creager &amp; Son</u> Address <u>Thurmont, Md.</u>			
<b>19. Oct. 10</b> <u>46</u> <u>Blanche S. Eyles</u> (Date rec'd by registrar) 19____ Registrar				<b>20. DATE OF DEATH</b> <u>October 8, 1946</u> at <u>9:30 P.M.</u>			
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Oct. 5</u> to <u>Oct. 8</u> and that I last saw him alive on <u>Oct. 5</u>							
<b>Immediate cause of death</b> <u>Cerebral Hemorrhage</u> <b>DURATION</b> <u>Sudden</u>							
<b>Due to</b> <u>hypertension and cerebral arteriosclerosis</u> <b>3 yrs.</b>							
<b>Due to</b> _____							
<b>Other conditions</b> _____ (Include pregnancy within 3 months of death)							
<b>Major findings of operations</b> _____ Date of op. _____							
<b>Autopsy results</b> _____ <b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>							
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____							
<b>23. SIGNATURE</b> <u>James T. Gray</u> <u>M.D.</u> Address <u>Thurmont, Md.</u> Date signed <u>10/9/46</u>							

OCT 11 1946

BUREAU V S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

## CERTIFICATE OF DEATH

09992

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
 City or town Mt. Pleasant  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 yrs.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State md County Frederick  
 City or town Mt. Pleasant  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

### 3. (a) FULL NAME

Aunie Jeanette Eyer

### 3. (b) Social Security Number

none

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Robert A. Eyer  
 6. (c) If alive, give age 89 years  
 7. Birth date of deceased (mo., day, yr.) Sept 8, 1866  
 8. AGE: Years 80 Months 1 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co., md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Jacob Weissinger

13. Birthplace Frederick Co.

14. Maiden name Sophia Filler

15. Birthplace Frederick Co.

16. Informant Mrs. Harry Green

Address Frederick, md.

17. Burial Date thereof Oct 13, 1946  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rocky Hill

Location M. Woodstock, md.

19. Funeral director G. E. Barton

Address Walkersville

19. 12 Oct 19 46 Elizabeth H. H. H.  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 19 46 at 6:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 46 to Oct 10 19 46  
 and that I last saw him alive on Oct 9 19 46

Immediate cause of death apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Elster Day M. D. or other

Address Walkersville, Md Date signed Oct 11, 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT 15 1946  
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick, Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
 Hospital, institution, or street address where death occurred.

How long in hospital or institution? 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Leans town  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war World War I

## 3. (a) FULL NAME

Paul Thomas Fair

## 3. (b) Social Security Number

✓

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Margaret Burgess

7. Birth date of deceased (mo., day, yr.) July 20, 1896 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 50 Months 3 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Carroll County, Maryland  
 (Town, county, and state)

10. Usual occupation none (Retired)

11. Industry or business \_\_\_\_\_

12. Name Harry Thomas Fair

13. Birthplace Carroll Co. Maryland

14. Maiden name Nettie P. L. Westgel

15. Birthplace Carroll Co. Maryland

16. Informant Virginia L. Lick

Address Emergency Hosp. Fred., Md.

17. Burial Date thereof Oct. 25, 1946  
 (Burial, cremation, or other) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Lanestown, Md.

18. Funeral director C. O. Guss, son

Address Lanestown, Md.

19. 23 Oct 19 46 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 19 46 at 3<sup>10</sup> A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 20 19 46 to Oct. 23 19 46  
 and that I last saw him alive on October 23 19 46.

Immediate cause of death Coronary thrombosis DURATION 48 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Thomas Jr. M.D.

M. D. or other Oct. 25, 1946

Address Frederick, Md. Date signed \_\_\_\_\_

RECEIVED  
OCT 25 1946  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County Frederick  
 City or town Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 53 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Joseph Crouse Gorman

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife E. Florence Stockdale

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Nov 18<sup>th</sup> 1865

8. AGE: Years 80 Months 10 Days 21 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Maryland  
 (Town, county, and state)

10. Usual occupation Harmonia Maker

11. Industry or business \_\_\_\_\_

12. Name Joseph A. Gorman

13. Birthplace Maryland

14. Maiden name Harriet Crouse Gorman

15. Birthplace Maryland

16. Informant Albert F. Gorman

Address Thurmont

17. Burial Date thereof Oct 17 - 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory United Brethren

Location Thurmont

18. Funeral director W. I. Willhite

Address Thurmont

19. Oct 10 19 46 Blanche S. Eyles  
 (Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct - 9<sup>th</sup> 1946 at 11:45 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 1 - 1945 to Oct 9 - 1946  
 and that I last saw him alive on Sept. 25 19 46

Immediate cause of death Heart failure - chronic  
myocarditis, decompensated 3 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James Gray M.D.  
 Address Thurmont Md Date signed 10/10/46

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. PLACE OF DEATH

3. SEX

4. AGE

5. DATE OF BIRTH

6. PLACE OF BIRTH

7. OCCUPATION

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF CORONER

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF FUNERAL HOME

15. SIGNATURE OF BURIAL PLACE

16. SIGNATURE OF INTERVIEWER

17. SIGNATURE OF REPORTER

18. SIGNATURE OF CLERK

19. SIGNATURE OF OFFICIAL

20. SIGNATURE OF JUDGE

21. SIGNATURE OF SHERIFF

22. SIGNATURE OF CONSTABLE

23. SIGNATURE OF TOWNSHIP CLERK

24. SIGNATURE OF COUNTY CLERK

25. SIGNATURE OF STATE CLERK

26. SIGNATURE OF DEPARTMENT CLERK

27. SIGNATURE OF RECORDS CLERK

28. SIGNATURE OF ARCHIVE CLERK

29. SIGNATURE OF LIBRARY CLERK

30. SIGNATURE OF MUSEUM CLERK

RECEIVED

OCT 11 1946

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

69995

18p0

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Ruth Elizabeth Palmer

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

77

8

14

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

Burial

(Burial, cremation, or removal, whichever)

Date thereof

11/2/46

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town

Street No.

312

(If rural, give LOCATION)

2. (a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

October 31

19 46

at

7 <sup>45</sup>/<sub>15</sub> M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 29

19 46

Oct. 31

19 46

and that I last saw him alive on

October 31

19 46

Immediate cause of death

Cerebral hemorrhage

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Kousa J.

M. D.

M. D. or other

Address

Frederick, Maryland

Date signed

10-31-46

19. 31-Oct 19 46

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF BIRTH

NOV 6 1945  
HICKMAN P.B.

2-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

09996

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Time Hill Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 42 years

Hospital, institution, or street address where death occurred:

Time Hill, Md

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Rural Time Hill  
(If outside city or town limits, write RURAL and give nearest town)Street No. Time Hill  
(If rural, give LOCATION)2.(a) If veteran, name war none

## 3. (a) FULL NAME

Mary Louise Grove

## 3. (b) Social Security Number

none4. Sex female5. Color or race white6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 9 19048. AGE: Years 42 Months 4 Days 25 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Time Hill, Frederick Co. Md  
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name Eugene A. Grove13. Birthplace Frederick Co. Md14. Maiden name Jessie B. Bowles15. Birthplace Frederick Co. Md16. Informant Jessie B. Bowles, wifeAddress Time Hill, Frederick Co. Md17. Burial Date thereof Oct 7, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Olivet CemeteryLocation Frederick, Md18. Funeral director Harry E. East CoAddress Frederick, Md19. 6 Oct 19 46 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 19 46 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to Oct 4 19 46and that I last saw deceased on Oct 4 19 46Immediate cause of death Drowningin bath tubDue to Disseminatedcalicivirus

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 10 4 46Where did injury occur? Time Hill, Frederick Co. Md  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Drowned in bath tub Injured at work? noDr. W. W. Bann Dr. W. W. Bann23. SIGNATURE P. W. Bann M. D. or otherAddress Frederick, Md Date signed 10.5.46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 8 1946

BUREAU V B

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09997

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

112 Clark Place

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 112 Clark Place

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

AUSTIN FLINT HAFFNER

## 3. (b) Social Security Number

None

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

M

## 6. (b) Name of husband or wife

Jane BierleyB. (c) If alive, give age 60 years

## 7. Birth date of

deceased (mo., day, yr.)

April 28, 1885

## 8. AGE:

Years

61

Months

5

Days

27

If less than one day

.....hrs. ....min.

## 9. Birthplace

Pleasant Hill-Frederick-Maryland

(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

Own Farm

## FATHER

## 12. Name

Dr. Samuel T. Haffner

## 13. Birthplace

Frederick County Maryland

## MOTHER

## 14. Maiden name

Susan Whitmore

## 15. Birthplace

Frederick County Maryland

## 16. Informant

Mrs. Jane Haffner

## Address

112 Clark Place, Frederick, Md.

## 17. Burial

(Burial, cremation, or removal, where?)

Date thereof 10/25/46

(month) (day) (year)

## Cemetery or crematory

Mount Olivet cemetery

## Location

Frederick, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

## 19.

(Date rec'd by registrar)

19 46Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 23, 1946 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1 19 46 to Oct 23 19 46  
and that I last saw him alive on Oct 23 19 46

Immediate cause of death

Cerebral occlusion

## DURATION

10 min

Due to

Angina pectoris3 weeks

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. W. BaneM. D.

M. D. or other

Address Frederick, Maryland Date signed 10-24-46

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 25 1945  
BUREAU T O

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12266

## CERTIFICATE OF DEATH

09998131  
Reg. Dist. No. ....

### 1. PLACE OF DEATH:

County.....Frederick  
City or town.....Frederick City  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....5 days  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution?.....5 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State.....Maryland County.....Frederick  
City or town.....Walkersville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

### 3.(a) FULL NAME

Hennetta Lee Hammond

### 3.(b) Social Security Number

4. Sex.....Female 5. Color or race.....W 6.(a) Single, married, widowed, or divorced.....Widowed

B.(b) Name of husband or wife.....Dawson V Hammond  
B.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.).....Jan 2 1865

8. AGE: Years.....81 Months.....9 Days.....16 If less than one day..... hrs. .... min.

9. Birthplace.....Frederick Co.  
(Town, county, and state)

10. Usual occupation.....House Wife

11. Industry or business.....

12. Name.....William Lee Harris

13. Birthplace.....Frederick Co.

14. Maiden name.....Rachel Welch

15. Birthplace.....Frederick Co.

16. Informant.....Miss Annie Hammond

Address.....Walkersville Md

17. Burial..... Date thereof.....Oct 20 1946  
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory.....Glade Cemetery

Location.....Walkersville

18. Funeral director.....L C Barton

Address.....Walkersville

19. 10-19- 19 46 Elizabeth L. Heck.  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH.....Oct 18 19 46 at 2 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14 19 46 to Oct 18 19 46  
and that I last saw her alive on Oct 17 19 46

Immediate cause of death.....Intestinal obstruction  
not due to cancer. Surg.

Due to.....A valvular or intussusception.

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....None performed.  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE.....Oct 19 1946

Address.....Walkersville, Md. Date signed.....Oct 19 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED

OCT 22 1946

BUREAU V C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

## CERTIFICATE OF DEATH

Reg. Dist. No.

09999/1350

## 1. PLACE OF DEATH:

County FrederickCity or town Rural Myersville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Rural Myersville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Roy Henry Harshman

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Nattie M. Harshman6.(c) If alive, give age 53 years

7. Birth date of

deceased (mo., day, yr.) June 24, 1895

8. AGE:

Years

Months

Days

If less than one day

51327

hrs.

min.

9. Birthplace Myersville, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Daniel Harshman13. Birthplace Myersville, Md.14. Maiden name Laura Gaven15. Birthplace Myersville, Md.16. Informant Nattie M. HarshmanAddress Myersville, Md.17. Burial Date thereof Oct 24, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory U.B. CemeteryLocation Myersville, Md.18. Funeral director Blackhill Co.Address Middletown, Md.19. Oct 24 19 46 C.L. Leatherman  
(Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 19 46 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19 45, to Oct 22 19 46  
and that I last saw him alive on Oct 21 19 46

Immediate cause of death

DURATION

Cardio-Renal-Vascular disease1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 10-23-46

RECEIVED  
NOV 6 1946  
HURLEY

2-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10000

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 min

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 40 min

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FrederickCity or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. R.R.D. 2  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Robert Lee Hoffman

## 3. (b) Social Security Number

## 4. Sex

m

## 5. Color or race

w

## 6. (a) Single, married, widowed, or divorced

## 6. (b) Name of husband or wife

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1946

## 8. AGE:

Years

0

Months

0

Days

0

If less than one day

0 hrs. 40 min.

## 9. Birthplace

Frederick, Md.  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

## FATHER

## 12. Name

## 13. Birthplace

## MOTHER

## 14. Maiden name

## 15. Birthplace

## 16. Informant

## Address

## 17.

(Burial, cremation, or removal, whichever)

Date thereof Oct. 12, 1946  
(month) (day) (year)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

## 19.

12 Oct. 1946  
(Date rec'd by registrar)Elizabeth G. Heck  
Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

October 10, 1946 at 2:00 P. M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 10, 1946 to Oct 10, 1946  
and that I last saw him alive on Oct 10, 1946

## Immediate cause of death

Pyeloccephalus

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

Howard W. G. M.D.  
Frederick Md. M. D. or other  
Address Frederick Md. Date signed 10-11-46

RECEIVED BY THE BUREAU OF INVESTIGATION

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

OCT 15 1946

BUREAU V. B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

## CERTIFICATE OF DEATH

10001

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:  
16 East South Street

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 16 East South Street  
(If rural, give LOCATION)

2.(a) If veteran, name war None

### 3. (a) FULL NAME

ANNA MARY S. HOUSE

### 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 19, 1856  
6. (c) If alive, give age..... years

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>5</u>	<u>4</u>	..... hrs. .... min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name George Elijah House

13. Birthplace Frederick County Maryland

14. Maiden name Ann Burnside

15. Birthplace Frederick County Maryland

16. Informant Mrs. John H. Esworthy

Address 16 E. South St., Frederick, Md.

17. Burial Date thereof 10/25/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 24 Oct 19 46 Elizabeth G Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH October 23rd 1946 at 6:45 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1944 to Oct 23rd 1946  
and that I last saw him alive on Oct 22nd 1946

Immediate cause of death Coronary Atherosclerosis  
DURATION 48

Due to Myocardial and

Due to Coronary Atherosclerosis

Other conditions Chronic myocarditis. Duration 10 years

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Heck M. D.

Address Frederick, Maryland M. D. or other

Date signed 10-24-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 26 1946  
BUREAU OF  
NAVY

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10002

Reg. Dist. No. 144

1. PLACE OF DEATH:  
County... Frederick  
City or town... Thurmont  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 50 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Maryland County... Frederick  
City or town... Thurmont  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Walnut Street  
(If rural, give LOCATION)  
2(a) If veteran, name war... No

3. (a) FULL NAME  
Laura Amanda Humerick

3. (b) Social Security Number  
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Alonza Hubert Humerick  
6. (c) If alive, give age 67 years  
7. Birth date of deceased (mo., day, yr.) May 15, 1885  
8. AGE: Years 61 Months 5 Days 10 If less than one day  
..... hrs. .... min.

9. Birthplace Illinois  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business Home  
12. Name John Kipe  
13. Birthplace Sabillasville, Md.  
14. Maiden name Martha Neusman  
15. Birthplace Illinois

16. Informant Mr. Hubert Humerick  
Address Thurmont, Md.  
17. Burial Date thereof Oct. 18, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Blue Ridge  
Location Thurmont, Md.  
18. Funeral director M. L. Creager & Son  
Address Thurmont, Md.  
19. Oct. 18 1946 Blaude S. Eyles  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH October 15, 1946 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 11 to Oct. 15 1946  
and that I last saw her alive on Oct. 15 1946

Immediate cause of death Cerebral Haemorrhage  
Due to hypertension  
and hypertension

#### DURATION

Rapid death

Other conditions hypertension  
Due to hypertension

Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE James H. Humerick MD  
Address Thurmont, Md. Date signed 10/16/46  
M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 19 1945

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-2

## CERTIFICATE OF DEATH

10003

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick - Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? Emergency Hospital 9 days

## 3. (a) FULL NAME

Cora

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) 7-26-1877

8. AGE: Years 69 Months 2 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co., Md.  
 (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

12. Name John Hutto

13. Birthplace Md.

14. Maiden name Emma Kidwell

15. Birthplace Md.

16. Informant Records Montrose Hosp.

Address Frederick - Md.

17. Burial Date thereof 10-12-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Montrose

Location West of Frederick - Md.

18. Funeral director C. E. Clive & Son

Address Frederick - Md.

19. 12 Oct 19. 46 Elizabeth S. Hach  
 (Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick

City or town Frederick - Rural  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11 19. 46 at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 19. 46 to Oct. 11 19. 46  
 and that I last saw her alive on Oct. 10 19. 46

Immediate cause of death Cerebral hemorrhage  
 DURATION 1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Rectal abscess 2 weeks

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Thomas J. M.D.

Frederick, Md. M. D. or other \_\_\_\_\_

Address Frederick, Md. Date signed Oct. 11, 1946

RECEIVED  
OCT 15 1946  
BUREAU V. E.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1009131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Since January 1946

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 179 West All Saint Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (a) FULL NAME

ABEL ALBERTA HYATT

## 3. (b) Social Security Number

220-01-2809

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Unknown

7. Birth date of deceased (mo., day, yr.)

Unknown

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

63?

hrs.

min.

9. Birthplace

North Carolina

(Town, county, and state)

10. Usual occupation

Employed in Kitchen

11. Industry or business

Frederick City Hospital

FATHER

12. Name

Unknown

13. Birthplace

Unknown

MOTHER

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Mrs. Lena Lawrence

Address

179 W. All Saint St., Fred'k, Md.

17. Burial

(Burial, cremation, or removal, whichever)

Date thereof

10/7/46

(month) (day) (year)

Cemetery or

Fairview Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

(Date rec'd by registrar)

7- Oct 19 46Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 919. 46

at

6:30 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 46

and that I last saw him

live onOct 319. 46

Immediate cause of death

Coronary occlusion

DURATION

Due to

arteriosclerosis

Due to

Other conditions

(Includes pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. W. Bow

M. D. or other

Address

Frederick, MdDate signed 10-4-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 8 1946

BUREAU V. E.

159

Birth and Death

10005

MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 131

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Frederick  
City or town Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street address, hospital, or institution Emergency Hospital  
Length of mother's stay in County 1 yr.  
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland  
County Montgomery  
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1902 Ectaw Place  
(If RURAL give LOCATION) ✓

3. Name of child

5. Sex Male

6. Twin or triplet

4. Date of birth Oct. 24, 1946 Hour 8:30 A. M.

7. No. of weeks pregnancy 33 weeks

FATHER OF CHILD

8. Full name Charles Joseph Johnson  
9. Color white 10. Age at time of this birth 33 yrs.  
11. Usual occupation none

MOTHER OF CHILD

12. Full maiden name Lillian Louise Leake  
13. Color white 14. Age at time of this birth 30 yrs.  
15. Usual occupation Hair dresser

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1  
(b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? no During labor? no

18. Pregnancy, complications of

19. Labor: (a) Complications of (b) Induced? no

20. (a) Was there an operation for delivery? no  
(b) State all operations, if any. (Yes or No)

(c) Did child die before operation?  
During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Prematurity  
(b) Maternal causes

22. I certify to the birth of this child who was born dead\* on the date and hour above stated.

Signature J. Lawrence Fahmy M.D.  
(Specify if M. D., midwife, or other)

Address Frederick, Md.

23. (a) Burial (b) Date thereof Oct-25-1946  
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Mountain View

24. (a) Funeral director H. C. Trout  
(b) Address Frederick, Md.

25. (a) 25 Oct-1946 (b) Elizabeth B. Hede  
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)  
The above certificate has been examined by me.

Health Officer, per

\* See Instruction C on stub.

Child lived 6 hours

V. S. A10

T

RECEIVED  
OCT 26 1946  
BUREAU A.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (702)

## CERTIFICATE OF DEATH

10006

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 358 West Patrick Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

JOHN JOY KEILHOLTZ

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Naomi Ruth Slifer

7. Birth date of deceased (mo., day, yr.) January 2, 1912 6. (c) If alive, give age 34 years

8. AGE: Years 34 Months 8 Days 29 If less than one day  
 hrs. min.

9. Birthplace Rocky Ridge-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Owned Garage

## 11. Industry or business

12. Name John B. Keilholtz  
 13. Birthplace Frederick County Maryland

14. Maiden name Ethel Joy  
 15. Birthplace Frederick County Maryland

18. Informant Mrs. Naomi Keilholtz  
 Address 358 W. Patrick St., Frederick, Md.

17. Burial 10/3/46  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 1-Oct 1946 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1946 at 1:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him live on Oct 1 to 1946

Immediate cause of death

Fracture of skull  
laceration of brain

DURATION

Minutes

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Oct 1 '46

Where did injury occur? Frederick, Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) W. Patrick St.Means of injury auto accident Injured at work? no

23. SIGNATURE R. W. Baer  
 Address Frederick, Maryland Date signed 10-1-46

RECEIVED

OCT 4 1946

BUREAU V B

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

10097380

### 1. PLACE OF DEATH:

County Frederick  
City or town Nr. New London  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Nr. New London  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

Thomas Morgan Kimmel

### 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1-19-1872  
8. (c) If alive, give age years

8. AGE: Years 74 Months 8 Days 19 If less than one day hrs. min.

9. Birthplace Maryland  
(Town, county, and state)

10. Usual occupation Stock Dealer

11. Industry or business

12. Name Anthony Kimmel  
13. Birthplace Maryland

14. Maiden name Mary Morgan  
15. Birthplace Maryland

16. Informant Miss Mary Kimmel Sister  
Address Nr. Airy Md.

17. Burial Date thereof Oct 15, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Central Cemetery  
Location Nr. New London  
W. E. Falconer

18. Funeral director New Market, Md.  
Address

19. As 14 19 46 Lucian K. Falconer  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 19 46 at 8:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 19 46 to Oct 13 19 46  
and that I last saw him alive on Oct 12 19 46

Immediate cause of death Crown Thrombosis

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Ernest P. Roop Md.  
M. D. or other

Address New Market, Md. Date signed 10-14-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

10008

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
Since 11/17/43

How long in above place of death?

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis SanatoriumHow long in hospital or institution? Since 11/17/43

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot  
 City or town Trappe  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

✓

## 3. (a) FULL NAME

William A. Kirby

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife XXXXX Louise L. Kirby

## 7. Birth date of

deceased (mo., day, yr.)

12/7/1909

6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

361010

\_\_\_\_\_ hrs.

\_\_\_\_\_ min.

9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual occupation Farmer

## 11. Industry or business

## FATHER

## 12. Name

William A. Kirby

## 13. Birthplace

Trappe, Md.

## MOTHER

## 14. Maiden name

Margaret Sechler

## 15. Birthplace

Bellefont, Pa.

## 18. Informant

Deceased

## Address

17. Unknown

(Burial, cremation, or removal. Which?)

Date thereof Unknown

(month) (day) (year)

## Cemetery or crematory

Unknown

## Location

Unknown

## 18. Funeral director

M. L. Creager & Son

## Address

Thurmont, Md.19. Oct 17-1946

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1946 at 4:50P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 17 1943 to Oct. 17 1946and that I last saw him alive on October 17 1946

Immediate cause of death

Pulmonary Tuberculosis

DURATION

3 1/2 Yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. B. LynnM. D. XXXXXAddress State Sanatorium, Md. Date signed 10/18/46

RECEIVED  
OCT 19 1946  
BUREAU OF

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred:

MontevueHow long in hospital or institution? 2 Years

## 3. (a) FULL NAME

CHARLES FRANCIS KNIPPLE3. (b) Social Security Number  
None4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W8. (b) Name of husband or wife Annie M. Hahn  
Elizabeth Welty6. (c) If alive, give age 75 years7. Birth date of deceased (mo., day, yr.) May 28, 18778. AGE: Years 69 Months 4 Days 26 If less than one day  
.....hrs. ....min.9. Birthplace Emmitsburg-Frederick-Maryland  
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name John Knipple13. Birthplace Hanover, Pa.14. Maiden name Frances Welty15. Birthplace Frederick County Maryland16. Informant Charles F. Knipple, Jr.Address 128 W. Patrick St., Frederick, Md.17. Burial 10/26/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 26 Oct 1946 Elizabeth H. Heck  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 128 West Patrick Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 24th 1946 at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1946 to Oct. 24 1946and that I last saw him alive on Oct. 24 1946

Immediate cause of death

Arterio-sclerotic Cardio-vascular  
Disease

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas M. D.Address Frederick, Maryland Date signed 10-25-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 928

10010

## CERTIFICATE OF DEATH



Reg. Dist. No. 157

## 1. PLACE OF DEATH:

County Frederick  
 City or town Libertytown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Libertytown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

JOSEPHINE R. LEASE

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife John M. Lease  
 deceased  
 6.(c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) Sept. 21, 1861  
 8. AGE: Years 85 Months 0 Days 13 If less than one day  
 hrs. min.

9. Birthplace Frederick Co. Maryland  
 (Town, county, and state)  
None  
 10. Usual occupation  
 11. Industry or business  
 FATHER 12. Name Samuel Burall  
 13. Birthplace Maryland  
 MOTHER 14. Maiden name Christiana Fetterling  
 15. Birthplace Maryland

16. Informant Mrs. Harry Monshaur  
 Address Libertytown, Md.  
 17. Burial Date thereof 10-6-46  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Central  
 Location Frederick Co. Maryland  
 18. Funeral director C. M. Waltz  
 Address Winfield, Md.

19. Oct. 7 19 46 Geo. P. Cuffman  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4 19 46 at 11:20 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 6 19 46 to Oct 4 19 46  
 and that I last saw her alive on Oct - 3 19 46  
 Immediate cause of death Myocardial Stenosis  
 DURATION 6 mos.  
 Due to  
 Due to  
 Other conditions Arteriosclerosis 4 mos.  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Otis B. Stone M.D.  
 Address Libertytown Md. M. D. or other  
 Date signed Oct 4

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

RECEIVED

OCT 9 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-21

## CERTIFICATE OF DEATH

10011

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Frederick  
 City or town Knoxville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 45 years  
 Hospital, institution, or street address where death occurred: \_\_\_\_\_

How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Knoxville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Clara Manda Leopold

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed  
 6.(b) Name of husband or wife George W Leopold  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Dec. 2, 1866  
 8. AGE: Years 78 Months 10 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace West Virginia  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business Home

MOTHER FATHER  
 12. Name Andrew Jackson Shewbridge  
 13. Birthplace West Virginia  
 14. Maiden name Mary Ann Pais  
 15. Birthplace West Virginia  
 18. Informant Charles Leopold  
 Address Knoxville Md  
 17. Burial Date thereof Oct. 29, 1946  
 (Burial, cremation, or removal; Which?) (month) (day) (year)  
 Cemetery or crematory Reformed  
 Location Knoxville Md  
 18. Funeral director B. H. Gueth + Son  
 Address Brunswick Md.  
 19. Oct 28 1946 Kathryn H. Brown  
 (Date rec'd by registrar) (Deputy) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Oct 26, 1946, at 2:30 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 25, 1946, to Oct 25, 1946, and that I last saw him alive on Oct 25, 1946.  
 Immediate cause of death Pneumonia  
 DURATION 2 Days  
 Due to L. Chippin + 1/2 inch 7 Days  
 Due to \_\_\_\_\_  
 Other conditions Senility  
Pneumonia  
 (Include pregnancy within 3 months of death)  
 Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
 23. SIGNATURE A. J. J. J. J. J.  
 Address J. J. J. J. J. Date signed 10/28/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

10012

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 11 years  
 Hospital, institution, or street address where death occurred:  
122 West Church Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 122 West Church Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

FRED LITTLEFIELD

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Minnie Walden Littlefield  
 B.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Jan. 9-1867  
 8. AGE: Years 79 Months 9 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Paterson, New Jersey  
 (Town, county, and state)  
 10. Usual occupation Retired  
 11. Industry or business

FATHER 12. Name Charles S. Littlefield  
 13. Birthplace Rochester, N.Y.  
 MOTHER 14. Maiden name Adelia A. Sleeper  
 15. Birthplace Toronto, Canada

16. Informant Mrs. F. Earle Shriner  
 Address Rockwell Terrace- Frederick, Md.

17. Burial Date thereof Oct. 17, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Middleburg Cemetery  
 Location Middleburg, Maryland

18. Funeral director C.E.Cline and Son  
 Address Frederick, Maryland

19. 16 Oct 19 46 Elizabeth G. Hede  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 14th. 19 46, at 11:15p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 7 19 46, to Oct. 14 19 46, and that I last saw him alive on Oct. 14 19 46.

Immediate cause of death Cerebral thrombosis DURATION 1 week  
 Due to \_\_\_\_\_  
 Due to Arteriosclerosis  
 Other conditions Coronary Thrombosis (bed)

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. \_\_\_\_\_

Autopsy results None  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. A. Pearce M.D. M. D. or other \_\_\_\_\_  
 Address Frederick, Md. Date signed 10/16/46

State

RECEIVED

OCT 17 1946

OFFICE OF THE ATTORNEY GENERAL

W. A. A. Pearce

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

10013  
144

1. PLACE OF DEATH:  
County Frederick  
City or town Lewistown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 50 years  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Lewistown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. ....  
(If rural, give LOCATION)  
2.(a) If veteran, name war No

3. (a) FULL NAME Franklin Nimrod Miller 3. (b) Social Security Number None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Della A. Miller  
B.(c) If alive, give age 60 years  
7. Birth date of deceased (mo., day, yr.) August 27, 1866  
8. AGE: Years 80 Months I Days IO If less than one day ..... hrs. .... min.

9. Birthplace Lewistown, Frederick Co., Md.  
(Town, county, and state)  
10. Usual occupation Retired  
11. Industry or business Mail Carrier.

FATHER 12. Name John William Miller  
13. Birthplace Lewistown, Md.  
MOTHER 14. Maiden name Julia Ann Shaum  
15. Birthplace Lewistown, Md.  
16. Informant Mrs Della Miller  
Address Thurmont, Md. B.F.D.

17. Burial Date thereof Oct. 10, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Lewistown Cemetery  
Location Lewistown, Md.  
18. Funeral director M. L. Creager & Son  
Address Thurmont, Md.

19. Oct. 10 1946 Blanche S. Eyler  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 7, 1946 8 P:M M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1945 to Oct 7 1946  
and that I last saw him alive on Oct 7 1946

Immediate cause of death Cerebral hemorrhage DURATION 12 hrs.  
Injury - an accidental fall, supra  
Due to Arterial sclerosis 4 yrs  
Due to Tuberculosis: this disease 2 yrs  
was not verified.  
Other conditions .....  
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. ....

Autopsy results .....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide ..... Date of .....  
Where did injury occur? ..... (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) .....  
Means of injury ..... Injured at work?

23. SIGNATURE Morris D. Biehl M.D. M. D. or other  
Address Thurmont, Md. Date signed 10/9/46

RECEIVED

OCT 11 1946

BUREAU V &

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10014

131

Reg. Dist. No.

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna. County AdamsCity or town Waynesboro  
(If outside city or town limits, write RURAL and give nearest town)Street No. 37 Cleveland Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war None ✓

## 3.(a) FULL NAME

ANNIE LAURA NEAL

## 3.(b) Social Security Number

None

## 4. Sex

F

## 5. Color or race

W

## 6.(a) Single, married, widowed, or divorced

W6.(b) Name of husband or wife William L. Neal

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

June 7, 1864

## 8. AGE:

Years

82

Months

2

Days

2

If less than one day

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Cash Town-Adams-Penna

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

12. Name

Joseph Saylor

13. Birthplace

Adams County Penna.

14. Maiden name

Etta Launer

15. Birthplace

Adams County Penna.

16. Informant

Hospital Records

Address

Frederick, Maryland

17. Burial

(Burial, cremation, or removal. Write in)

Date thereof

10/14/46

(month) (day) (year)

Cemetery or crematory

Green Hill Cemetery

Location

Waynesboro, Penna.

18. Funeral director

Walter Y. Grove

Address

Waynesboro, Penna.19. 11 October 1946

(Date rec'd by registrar)

Elizabeth B. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1946 at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 5 1946 to Oct 11 1946and that I last saw him/her alive on October 10 1946

Immediate cause of death

Myocardial infarction

DURATION

2 minutes

Due to

Arteriosclerosis ofcoronary arteries

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE

L. R. Schoolman M. D.

M. D. or other

Address Frederick, Maryland Date signed 10-11-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 15 1946

BUREAU OF

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

## CERTIFICATE OF DEATH

10015

Reg. Dist. No. 1380

### 1. PLACE OF DEATH:

County Frederick  
City or town Jamsville, Md  
(If outside city or town limits, write RURAL NEAR and give town)  
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 21 years

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Jamsville Ward No.  
(If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

### 3. (a) FULL NAME

Nellie Estelle Odew

### 3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Harry Lee Odew

Deceased

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) January 31-1875

8. AGE: Years 71 Months 8 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County, Md  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Housework

12. Name Theresa Cook

13. Birthplace Frederick Co., Md.

14. Maiden name Annie M. Shipley

15. Birthplace Frederick County, Md

16. Informant Mrs Ruth Page (daughter)

Address Jamsville, Md

17. Burial Date thereof 10/29/46  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Frederick Md

18. Funeral director Harry E. Gandy Co

Address Frederick, Md

19. 28 Oct 19 46 Lucian K. Falconer  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH October 26- 19 46 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1- 19 26 to Oct-26- 19 46, and that I last saw him alive on October 25- 19 46.

Immediate cause of death

Arteriosclerosis

DURATION

1936

Due to

Cerebral hemorrhage

1940

Due to

Other conditions

arterial hypertension

1936

(Include pregnancy within 3 months of death)

Major findings:

Of operations no operations

Of autopsy

no autopsy

### PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

no injury

Injured at work?

23. SIGNATURE

George H. Pizzo MD

M. D. or other

Address

Greenleaf, Md Date signed 10-26-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1001

RECEIVED

RECEIVED

RECEIVED  
NOV 14 1946  
BUREAU VS.

2-35

M

MARGIN RESERVED FOR BINDING

I

VS A15 9.45.11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-6)

## CERTIFICATE OF DEATH

10016

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 Year  
 Hospital, institution, or street address where death occurred:  
136 East Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 136 East Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MARTHA LOUISE PALMER

## 3. (b) Social Security Number

214-16-1586

4. Sex <b>F</b>	5. Color or race <b>C</b>	6. (a) Single, married, widowed, or divorced <b>S</b>
--------------------	------------------------------	--

6. (b) Name of husband or wife  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) August 5, 1923  
 8. AGE: Years 23 Months 2 Days 0 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick-Frederick-Maryland  
 (Town, county, and state)  
 10. Usual occupation Domestic

## 11. Industry or business

12. Name Charles Palmer  
 13. Birthplace Frederick County Maryland  
 14. Maiden name Martha L. Beaner  
 15. Birthplace Frederick County Maryland

16. Informant Caroline Beaner  
 Address 136 East St., Frederick, Md.

17. Burial Date thereof 10/8/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johns Cemetery  
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 7 Oct 19 46 Elizabeth L. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 5th, 19 46, at 11:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 20 19 46 to Oct. 5 19 46  
 and that I last saw him/her alive on Oct. 5 19 46

Immediate cause of death Miliary Tuberculosis

Due to Pulmonary Tuberculosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Thomas Jr. M. D.  
 Address Frederick, Maryland Date signed 10-7-46

## DURATION

2 months

6 months

RECEIVED  
OCT 9 1946  
BUREAU VER

RECEIVED  
OCT 9 1946  
BUREAU VER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10017 139  
Reg. Dist. No.

1. PLACE OF DEATH: **Frederick**  
County.....  
City or town **State Sanatorium, Maryland**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **Since 5/12/45**  
Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
How long in hospital or institution? **Since 5/12/45**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State **Maryland** County.....  
City or town **Baltimore**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. **1606 Patapsco St.**  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

**Lillian Rose Parks**

3. (b) Social Security Number

**216-20-4302**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Single**

6. (b) Name of husband or wife..... 6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) **March 18, 1927**

8. AGE: Years **19** Months **6** Days **14** If less than one day..... hrs. .... min.

9. Birthplace **Baltimore, Md.**  
(Town, county, and state)

10. Usual occupation **Typist**

11. Industry or business

FATHER 12. Name **William Parks**  
13. Birthplace **Rock Hall, Md.**

MOTHER 14. Maiden name **Mary Youngbar**  
15. Birthplace **Baltimore, Md.**

16. Informant **Deceased**

Address

17. **Unknown** Date thereof **Unknown**  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Unknown**

Location **Unknown**

18. Funeral director **M. L. Creager & Son**

Address **Thurmont, Maryland**

19. **Oct 3** 19 **46**  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **October 2** 19 **46** at **1:00 A.** M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 12** 19 **45**, to **Oct. 2** 19 **46**  
and that I last saw her alive on **October 2** 19 **46**.

Immediate cause of death **Pulmonary Tuberculosis** DURATION **21 Mos**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... M. D. **XXXX**

Address **State Sanatorium, Md.** Date signed **10/2/46**

RECEIVED  
OCT 5 1946  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

## CERTIFICATE OF DEATH

Reg. Dist. No. 10018 131

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Blanche Staub

7. Birth date of deceased (mo., day, yr.)

Feb. 9 - 1861

6. (c) If alive, give age..... years

76

8. AGE:

Years 85

Months 8

Days 9

If less than one day

..... hrs.

..... min.

9. Birthplace.....

Little Rock, Arkansas

(Town, county, and state)

10. Usual occupation.....

Retired merchant

11. Industry or business.....

Klept. Store

MOTHER

12. Name.....

Joseph F. Payne

13. Birthplace.....

Maryland

14. Maiden name.....

Mary Eckman

15. Birthplace.....

Unknown

16. Informant.....

Mrs. Joseph F. Payne

Address.....

Braddock Heights - Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof.....

10 - 21 - 46  
(month) (day) (year)

Cemetery or crematory.....

St. Johns Cemetery

Location.....

Frederick - Md.

18. Funeral director.....

C. E. Cline and Son

Address.....

Frederick - Md.

19. 21 - Oct

(Date rec'd by registrar)

19 46

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

10 - 18 - 46 3:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June

19 42

to Oct. 18

19 46

and that I last saw him alive on

Oct. 9

19 46

Immediate cause of death.....

Coronary Occlusion

DURATION

Sudden

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

J. E. Harp MD

M. D. or other

Address.....

K. E. D. Harp

Date signed 10 - 18 - 46

RECEIVED

OCT 22 1946

BUREAU V B

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1370

## 1. PLACE OF DEATH:

County Frederick  
 City or town Johnsville, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Eight  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Johnsville, Union Bridge and Rt. 2  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Johnsville  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

Clarence Hartoch Rittinger

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married8. (b) Name of husband or wife Julia Fox Rittinger7. Birth date of deceased (mo., day, yr.) December 1, 1869 8. (c) If alive, give age years8. AGE: Years Months Days If less than one day  
76 10 29 hrs. min.9. Birthplace Frederick Co. Maryland  
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Retired12. Name Jacob E Rittinger13. Birthplace Maryland14. Maiden name Julia A Hartoch15. Birthplace Maryland16. Informant Mrs. Julia F. RittingerAddress Union Bridge, Md.17. Burial Date thereof Sept. 1, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Central Church CemeteryLocation Libertytown, New London Road18. Funeral director D. D. Hartoch & SonAddress Union Bridge, New London Rd19. Nov. 4 19 46 grad. Registrar  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 19 46 at 4:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to Oct 29 19 46and that I last saw him on Oct 29 19 46Immediate cause of death CoronaryDue to ThrombosisDue to Thrombosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

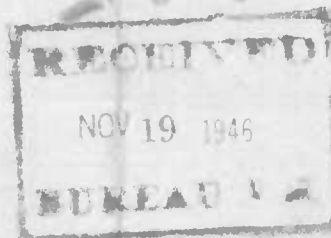
Means of injury Injured at work?

23. SIGNATURE J. E. Rittinger M.D.Address Johnsville Date signed Oct 30

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8327

## CERTIFICATE OF DEATH

10020

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital

How long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Mountain  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

John Henry Potts

## 3. (b) Social Security Number

none

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) March 17, 1861

8. AGE: Years 85 Months 7 Days 0 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County, Maryland  
 (Town, county, and state)

10. Usual occupation laborer

11. Industry or business Rail B. Potts

12. Name Kate S. Potts

13. Birthplace Maryland

14. Maiden name Millie Hosley

15. Birthplace Maryland

16. Informant Hospital Records

Address \_\_\_\_\_

17. Burial Date thereof 10-19-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Friendship

Location Chapin Hill, Montg. Co. Md.

18. Funeral director E. M. Watts

Address Winfield Md.

19. 10-18 19 46  
 (Date rec'd by registrar)

Registrar Elizabeth G. Hech

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 17, 1946 at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 15, 1946 to Oct. 17, 1946 and that I last saw him alive on October 17, 1946

Immediate cause of death Cerebral hemorrhage

DURATION  
3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Thomas J. M.D.

Address Frederick, Md Date 17, 1946

MASSACHUSETTS DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH

RECEIVED

OCT 22 1946

BUREAU V R

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 72

## CERTIFICATE OF DEATH

10021

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
Frederick-Rural R. F. D. #5  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 Years  
 Hospital, institution, or street address where death occurred:  
Braddock  
 How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
Maryland Frederick  
 State..... County.....  
Frederick-Rural R. F. D. #5  
 City or town..... (If outside city or town limits, write RURAL and give nearest town)  
Braddock  
 Street No.....  
 (If rural, give LOCATION)  
None  
 2.(a) If veteran, name war.....

### 3.(a) FULL NAME

LOTTIE IRENE REEDER

### 3.(b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M  
 6.(b) Name of husband or Walter S. Reeder  
 6.(c) If alive, give age 75 years  
 7. Birth date of deceased (mo., day, yr.) January 2, 1872  
 8. AGE: Years 74 Months 9 Days 3 If less than one day..... hrs. .... min.

9. Birthplace Shookstown-Frederick-Maryland  
 (Town, county, and state)  
At Home  
 10. Usual occupation.....  
 11. Industry or business.....

FATHER 12. Name Ernest L. Miss  
 13. Birthplace Baltimore, Maryland  
 MOTHER 14. Maiden name Mary G. Redmond  
 15. Birthplace Howard County Maryland

16. Informant Walter S. Reeder  
 Address R. F. D. #5, Frederick, Maryland

17. Burial 10/8/46  
 (Burial, cremation, or removal) Which? (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 7 Oct. 1946 Elizabeth B. Hesk.  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH October 5th, 1946 at 9:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 2nd to Oct 6th 1946  
 and that I last saw him alive on Oct 3rd 1946

Immediate cause of death.....  
Cerebral Hemorrhage  
Stroke  
Hypertension  
 Due to.....  
 Due to.....  
 Other conditions.....

### DURATION

3 days  
2 years

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE H. H. Hedges M. D.  
 Address Frederick, Maryland Date signed 10-5-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 9 1946

BUREAU VE

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 134

## CERTIFICATE OF DEATH

### 1. PLACE OF DEATH:

(a) County Frederick  
(b) City or town Emmitsburg, Md.  
(If outside city or town limits, write RURAL and give town)  
(c) Street address, hospital, or institution:  
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 years  
(e) Length of stay in this community (yrs., mos., or days)

### 2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Fredrick  
(c) City or town Emmitsburg  
(If outside city or town limits, write RURAL and give town)  
(d) Street No. (If rural give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

### 3 (a) FULL NAME

Allen Charles Rosensteel

### 3 (b) If veteran, name war

World War I

### 3 (c) Social Security

No.

### 4. Sex

m

### 5. Color or race

white

### 6 (a) Single, married, widowed, or

divorced. married

### 6 (b) Name of husband or wife Laura Gertrude Topper

Rosensteel

6. (c) If alive, give age 38 years

### 7. Birth date of deceased (mo., day, yr.) April 9, 1900

### 8. AGE:

Years

Months

Days

If less than one day

46

6

16

hr.

min.

### 9. Birthplace

Fredrick Co Md.

(Town, county, and state)

### 10. Usual occupation

Chauffeur

### 11. Industry or business

St Joseph College

### FATHER

### 12. Name

Theodore John Rosensteel

### 13. Birthplace

Fredrick Co, Md.

### MOTHER

### 14. Maiden Name

Mary Theresa Eckenrode

### 15. Birthplace

Fredrick Co, Md.

### 16 (a) Informant

Laura G. Rosensteel

### (b) Address

Emmitsburg Md.

### 17 (a) burial

### (b) Date thereof Oct 28, 1946

(Burial, cremation, or removal)

(month) (day) (year)

### (c) Cemetery or crematory

St Anthony Shrine Cemetery

### Location

Emmitsburg, Md.

### 18 (a) Funeral director

S. L. Allison

### (b) Address

Emmitsburg, Md.

### 19 (a) Oct 26/46

M. F. Shuff

(Date rec'd by registrar)

Registrar

### MEDICAL CERTIFICATION

### 20. Date of death

Oct 25 1946 at 12:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to Oct 25 1946

and that I last saw him alive on Oct 24 1946

### Immediate cause of death

Carcinoma stomach

### Duration

1 year

### Due to

### Due to

### Other conditions

Metastases to spine & liver  
(Include pregnancy within 3 months of death)

### Major findings:

Of operations

Of autopsy

### PHYSICIAN

Underline the cause to which death should be charged statistically.

### 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

### 23. Signature

W. D. Oak M.D.

M. D. or other

Address

Emmitsburg Md

Date signed 10-25-46.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
NOV 2 1946  
BUREAU T R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

10023

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City Braddock Heights - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 34 yrs.  
 Hospital, institution, or street address where death occurred: \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 45 E. Patrick Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

FRANK Max

## 3. (b) Social Security Number

Shapiro

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 B.(b) Name of husband or wife M. Evelyn Grove Shapiro  
 6.(c) If alive, give age 52 years  
 7. Birth date of deceased (mo., day, yr.) February 21-1892  
 8. AGE: Years 54 Months 7 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Belair - Maryland  
 (Town, county, and state)  
 10. Usual occupation Optometrist  
 11. Industry or business \_\_\_\_\_  
 12. Name Jacob Shapiro  
 13. Birthplace New York  
 14. Maiden name Bertha Susan  
 15. Birthplace New York

16. Informant Mrs. F. M. Shapiro  
 Address 45 E. Patrick St. - Fred'k. Md.  
 17. Burial Date thereof 10-9-46  
 (Burial, cremation or removal, which) (month) (day) (year)  
 Cemetery or crematory Mt. Olivet Cemetery  
 Location Frederick - Md.  
 18. Funeral director C. E. Clive and Son  
 Address Frederick - Md.  
 19. 8 Oct. 1946 Elizabeth J. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1946 at 6:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_  
 and that I last saw him dead on Oct. 6 1946

Immediate cause of death Cerebral Thrombosis  
 DURATION 1 hour

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

Bernard Thomas M. D.  
 23. SIGNATURE Asst. Deputy Medical Examiner  
 M. D. or other \_\_\_\_\_  
 Address Frederick, Md. Date signed Oct. 6, 1946

RECEIVED  
OCT 9 1946  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 770

## CERTIFICATE OF DEATH

Reg. Dist. No. 10024 137

### 1. PLACE OF DEATH:

County Frederick  
City or town Liberty  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 10 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State md County Frederick  
City or town Liberty  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war.

### 3.(a) FULL NAME

HARRY EDWARD Shelton

### 3.(b) Social Security Number

4. Sex m 5. Color or race w 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Clara Ellen Getzen -  
daumer 6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1894

8. AGE: Years 52 Months - Days 6 It less than one day  
..... hrs. .... min.

9. Birthplace Frederick Co  
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business

12. Name James Shelton

13. Birthplace Fred. Co.

14. Maiden name Minnie Burrier

15. Birthplace Fred. Co.

16. Informant Mrs. Clara Shelton  
Address Libertytown md.

17. Burial Date thereof Oct. 14, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Chapel

Location m. Libertytown

18. Funeral director T. C. Barton  
Address Walkersville, md.

19. Oct. 14 19 46 Dr. D. C. C. C.  
(Date rec'd by Registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 19 46, at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
19 10 19  
and that I last saw him live on Oct 11 19 46

Immediate cause of death acute alcoholism DURATION 6 hr.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Boer M. D. or other  
Frederick, md Date signed 10.12.46

MARGIN RESERVED FOR BINDING

I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 15 1946  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10025

Reg. Dist. No. 132

## 1. PLACE OF DEATH:

County FrederickCity or town Rural Middletown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

John R. Sigler

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Lucy B. Sigler

7. Birth date of deceased (mo., day, yr.)

August 12, 18786. (c) If alive, give age 68 years

8. AGE:

Years

Months

Days

It less than one day

68124

hrs.

min.

9. Birthplace

Middletown Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

William Sigler

13. Birthplace

Middletown, Md.

14. Maiden name

Amanda Selson

15. Birthplace

Middletown, Md.

16. Informant

Lucy Sigler

Address

Middletown, Md.

17. (Burial, cremation, or removal, Which?)

Burial

Date thereof

Oct. 4, 46  
(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middletown, Md.

18. Funeral director

Bladhill Co.

Address

Middletown, Md.19. Oct 4

(Date rec'd by registrar)

19. 46

(Year)

Marie Bladhill

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County Frederick

City or town

Rural Middletown  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

no

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 1 19. 46 at 5-55 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19. 45 to Oct 1 19. 46and that I last saw him alive on Sept. 21 19. 46

Immediate cause of death

DURATION

Coronary Occlusion  
(Sudden)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. H. Harp M.D.  
M. D. or other  
Address Middletown Date signed 10-2-46

RECEIVED  
OCT 14 1946  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of age  
is shown on

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

FILM No. I O 8 NOV 26 1946

## CERTIFICATE OF DEATH

Reg. Dist. No. 10026 131

## 1. PLACE OF DEATH:

County FrederickCity or town Pt. of Rock  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Greenfield (Rural)  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Andrew Thomas Simms

## 3. (b) Social Security Number

219-12-1803

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Simms6. (c) If alive, give age 50 years

7. Birth date of

deceased (mo., day, yr.)

April 19 1899

8. AGE:

Years

Months

Days

If less than one day

5752527

hrs.

min.

9. Birthplace

Frederick Co., Md  
(Town, county, and state)

10. Usual occupation

Railroad Trackman

11. Industry or business

FATHER

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which)

Cemetery or crematory

Location

18. Funeral director

Address

19. 24 Oct

1946

(Date rec'd by registrar)

Registrar

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1946, at 3:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death Fracture of skullcaused fracture of leg+ pneumoniaDue to traumatic injuries

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Oct 22 1946Where did injury occur? Pt. of Rock, Frederick Co.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) B + O R R TrainMeans of injury Engine Injured at work? Yes23. SIGNATURE R. W. BAER  
M. D. or otherAddress Frederick Date signed Oct 24 1946

DURATION

Immediate

RECEIVED  
OCT 25 1946  
KORSAU A E

1017012

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

10027  
139

### 1. PLACE OF DEATH:

County... Frederick  
City or town... State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 9/3/46  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 9/3/46

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington  
City or town... Big Pool  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... R.1  
(If rural, give LOCATION)  
2.(a) If veteran, name war...

### 3. (a) FULL NAME

James Marvin Sites

### 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower  
6.(b) Name of husband or wife  
6.(c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) August 5, 1898  
8. AGE: Years 48 Months 2 Days 9 If less than one day hrs. min.

9. Birthplace West Virginia  
(Town, county, and state)  
10. Usual occupation Farmer  
11. Industry or business

FATHER 12. Name James B. Sites  
13. Birthplace West Virginia  
MOTHER 14. Maiden name Mary S. Mallow  
15. Birthplace West Virginia

16. Informant Deceased  
Address  
17. Burial Unknown Burial Date thereof Unknown 9/17/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Unknown Clearspring  
Location Near Mt. Seneca, Unknown W. Va.  
18. Funeral director Snyder - Rowland  
Address Clearspring, Md.  
19. 10/14/46 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH October 14, 1946, at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 3, 1946, to Oct. 14, 1946, and that I last saw him alive on October 14, 1946.

Immediate cause of death Pulmonary Tuberculosis DURATION 3 Yrs.

Other conditions Laryngeal Tuberculosis 3 Mos.

Due to  
Other conditions  
(Include pregnancy within 8 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE J. B. Lynn M. D. XXXX  
Address State Sanatorium, Md. Date signed 10/15/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 16 1945  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8-6

## CERTIFICATE OF DEATH

10028

131

Reg. Dist. No. ....

1. PLACE OF DEATH: *Frederick*  
 County *Frederick*  
 City or town *Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
*Emergency Hospital*  
 How long in hospital or institution? *3mo*

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
*Marfield* County *Frederick*  
 City or town *Urban*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
*None*  
 2.(a) If veteran, name war .....

3. (a) FULL NAME *Levi H. Snyder*

3. (b) Social Security Number  
*None*

4. Sex *Male* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *Married*  
 6. (b) Name of husband or wife *Ede Walker Snyder*  
 6. (c) If alive, give age *73* years  
 7. Birth date of deceased (mo., day, yr.) *April 19, 1866*  
 8. AGE: Years *80* Months *6* Days *4* If less than one day  
 .... hrs. .... min.

9. Birthplace *Laurel, Pennsylvania*  
 (Town, county, and state)  
 10. Usual occupation *Real Estate*

11. Industry or business *Levi Snyder*

12. Name *Levi Snyder*

13. Birthplace *Ephrata Co. Pennsylvania*

14. Maiden name *Susan Horning*

15. Birthplace *Ephrata Co. Pennsylvania*

16. Informant *Virginia Leake*

Address *Emergency Hosp - Fredk, Md.*

17. Burial *Burial* Date thereof *10/26/46*

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory *Center Church Cemetery*

Location *Near Shillington, Pennsylvania*

18. Funeral director *M. R. Etchison and Son*

Address *Frederick, Maryland*

19. *24-Oct-46* *Elizabeth G. Heck*

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *October 23, 1946* at *6:20 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *July 27, 1946* to *Oct. 23, 1946*  
 and that I last saw him alive on *October 23, 1946*

Immediate cause of death *Cerebral Hemorrhage*

## DURATION

*3 months*

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

injured at work?

23. SIGNATURE *Bernard Thomas Jr. M.D.*

Address *Frederick, Md.* M. D. or other

Date signed *Oct. 23, 1946*

CERTIFICATE OF DEATH



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

## CERTIFICATE OF DEATH

10029

131

Reg. Dist. No. ....

1. PLACE OF DEATH-  
**Frederick**  
 County.....  
**Point of Rocks**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 1930  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
**Point of Rocks**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....  
**None**

## 3. (a) FULL NAME

HERBERT STEWART

## 3. (b) Social Security Number

None

4. Sex <b>M</b>	5. Color or race <b>C</b>	6. (a) Single, married, widowed, or divorced <b>S</b>
--------------------	------------------------------	--

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) **Unknown**

6. (c) If alive, give age..... years

8. AGE: Years <b>60 ?</b>	Months	Days	If less than one day ..... hrs. .... min.
------------------------------	--------	------	--

9. Birthplace.....  
(Town, county, and state)10. Usual occupation.....  
**Odd Jobs**

11. Industry or business.....

12. Name.....  
**Unknown**13. Birthplace.....  
**Unknown**14. Maiden name.....  
**Unknown**15. Birthplace.....  
**Unknown**16. Informant.....  
**Mrs. C. O. Bowins**Address.....  
**Point of Rocks, Maryland**17. Burial..... Date thereof.....  
(Burial, cremation, or removal, which?) (month) (day) (year)  
**10/29/46**Cemetery or crematory.....  
**Colored Cemetery**  
Location.....  
**Point of Rocks, Maryland**18. Funeral director.....  
**M. R. Etchison and Son**  
Address.....  
**Frederick, Maryland**19. 28-Oct 1946 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1946 at 5:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... to .....  
and that I last saw him/her on Oct 26 1946

Immediate cause of death.....

**Burns**

DURATION

**10 min.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of 10-26-46Where did injury occur? St. James, Frederick, Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury House caught on fire Injured at work? no

23. SIGNATURE.....

**Frederick**

M. D. or other

Address.....  
**Frederick, Md.** Date signed.....  
**10-26-46**

MARGIN RESERVED FOR BINDING

VS A16 9-45-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

★ 10030  
Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred:

Francis Scott Key Hotel

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. Francis Scott Key Hotel

(If rural, give LOCATION)

2.(a) If veteran, name war World War I

## 3. (a) FULL NAME

CHARLES MATTHEW TIERNAN

## 3. (b) Social Security Number

050-01-29604. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Ann Moran6. (c) If alive, give age 42 years7. Birth date of deceased (mo., day, yr.) September 26, 18968. AGE: Years 50 Months 0 Days 18 If less than one day  
hrs. min.9. Birthplace New York-New York  
(Town, county, and state)10. Usual occupation Manager11. Industry or business Francis Scott Key Hotel12. Name Martin Tiernan13. Birthplace Providence, R. I.14. Maiden name Ann Riley15. Birthplace Taunton, Mass16. Informant Mrs. Ann TiernanAddress Francis Scott Key Hotel, Fred'k, Md.17. Burial Date thereof 10/28/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Gates of Heaven CemeteryLocation Mount Pleasant, New York18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 24 Oct 1946 Elizabeth G. Heck.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1946 at 3 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 23 06 to Oct 24 46  
and that I last saw him alive on Oct 24 1946

Immediate cause of death

DURATION

Cervical occlusion 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE H. Etchison MD

M. D. or other

Address Frederick Md. Date signed 10/24/46

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 26 1946  
BUREAU A 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

## CERTIFICATE OF DEATH

10031

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rocky Ridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 yrs.  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Rocky Ridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 No  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Harvey Edgar Valentine

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Addie V. Trozell

## 7. Birth date of deceased (mo., day, yr.)

February 14, 1873

## 6. (c) If alive, give age

73

## 8. AGE:

Years

Months

Days

If less than one day

73

7

29

hrs.

min.

## 9. Birthplace

Rocky Ridge, Frederick Co. Md.

(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

Farmer

## FATHER

## 12. Name

Elias Valentine.

## 13. Birthplace

Rocky Ridge, Md.

## MOTHER

## 14. Maiden name

Moriah Wetzell

## 15. Birthplace

Rocky Ridge, Md.

## 16. Informant

Mrs. Harvey Valentine

## Address

Rocky Ridge, Md.

## 17.

Burial

Date thereof

Oct. 15, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Mt Tabor Cem

## Location

Rocky Ridge, Md.

## 18. Funeral director

M. L. Creager &amp; Son

## Address

Thurmont, Md.

## 19.

Oct. 15, 1946  
(Date rec'd by registrar)

1946

Blanche S. Eyles

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 13, 1946, 12:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 27, 1946 to October 13, 1946  
and that I last saw him alive on October 13, 1946

Immediate cause of death

Pneumonia, hypostatic

DURATION

2 days

Due to

Cerebral hemorrhage

5 wks.

Due to

Hypertension  
Atherosclerosis

?

Other conditions

Diabetes mellitus

5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. Franklin Birch

M. D. or other

Address

Thurmont Md.

Date signed Oct. 15, 1946

RECEIVED

OCT 17 1946

BUREAU V S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

10032

Reg. Dist. No. 147

1. PLACE OF DEATH:  
County Frederick  
City or town Ridgeville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 25 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Ridgeville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. R.D. Mt. Airy  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME DORA ELIZABETH WATKINS 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Milton Watkins  
B.(c) If alive, give age 73 years  
7. Birth date of deceased (mo., day, yr.) March 14, 1877  
8. AGE: Years 69 Months 7 Days 8 If less than one day  
.....hrs. ....min.

9. Birthplace Carroll Co. Maryland  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business  
12. Name Daniel Phebus  
13. Birthplace Maryland  
14. Maiden name Lucinda Etchison  
15. Birthplace Maryland

16. Informant Mr. Milton Watkins  
Address Mt. Airy, Md.  
17. Burial Burial Date thereof 10-24-46  
(Burial, cremation, or removal of body) (month) (day) (year)  
Cemetery or crematory Pine Grove  
Mt. Airy, Carroll Co. Md.  
Location C.M. Waltz  
18. Funeral director Winfield, Md.  
Address

19. Oct. 23 19 46 Clarice A. Rullo  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 19 46 at 5:45 A. M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 25 to Oct 22, 19 46  
and that I last saw her alive on Oct 21, 19 46

Immediate cause of death Coronary arterio-sclerosis DURATION 6 mo?

Due to  
Due to  
Other conditions Chr. Myocarditis 10 yrs  
(Include pregnancy within 3 months of death)

Major findings of operations none Date of op.  
Autopsy results none  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide. Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Stanley Grabill M. D. or other  
Address Mt. Airy - Md Date signed 10/22/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 25 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *77d*

## CERTIFICATE OF DEATH

10033

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 7 Years  
Hospital, institution, or street address where death occurred:  
525 North Bentz Street  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 525 North Bentz Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

3. (a) FULL NAME  
CHARLES WILLIAM WHEELER

3. (b) Social Security Number  
217-10-0478

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M  
6. (b) Name of husband or wife Isabelle Hollis  
6. (c) If alive, give age 55 years  
7. Birth date of deceased (mo., day, yr.) March 29, 1879  
8. AGE: Years 67 Months 6 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Laurel, Maryland  
(Town, county, and state)  
10. Usual occupation Molder  
11. Industry or business Frederick Iron & Steel Co.  
12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. Informant Mrs. Isabelle N. Wheeler  
Address 240 E. Church St., Frederick, Md.  
17. Burial Burial Date thereof 10/16/46  
(Burial, cremation, or removal, whichever) (month) (day) (year)  
Cemetery or crematory Mount Olivet Cemetery  
Location Frederick, Maryland  
18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland  
19. 15 Oct 1946 Elizabeth G. Hedrick  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 13, 1946 at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_, and that I last saw him DEAD October 14, 1946

Immediate cause of death acute al exhalum DURATION 3 days

Due to Chronic alcoholism 10 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Robert Deputy Medical Examiner  
M. D. or other \_\_\_\_\_

Address Frederick, Maryland Date signed 10-15-46

RECEIVED

OCT 17 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

10034

131

1. PLACE OF DEATH:  
 County... *Frederick*  
 City or town... *Frederick*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *9 years*  
 Hospital, institution, or street address where death occurred:  
*302 N. College Parkway*  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State... *Md.* County... *Frederick*  
 City or town... *Frederick*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. *302 N. College Parkway*  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war *none*

## 3. (a) FULL NAME

*Letcher Eugene Worthington*

## 3. (b) Social Security Number

*none*

4. Sex *male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widowed*  
 6. (b) Name of husband or wife *Mary E. Morris*  
 7. Birth date of deceased (mo., day, yr.) *10-16-1859* 6. (c) If alive, give age — years  
 8. AGE: Years *87* Months *0* Days *1* If less than one day  
 hrs. min.

9. Birthplace *Harvard - Illinois*  
 (Town, county, and state)  
 10. Usual occupation *Retired merchant*  
 11. Industry or business  
 FATHER  
 12. Name *John Worthington*  
 13. Birthplace *London - England*  
 MOTHER  
 14. Maiden name *Ellen Gurley*  
 15. Birthplace *Ireland*

16. Informant *Miss Plussilla Worthington*  
 Address *Frederick - Md.*  
 17. Burial Date thereof *10-21-46*  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory *Oak Lawn Cemetery*  
 Location *Beloit - Wisconsin*  
 18. Funeral director *C. E. Clive & Son*  
 Address *Frederick - Md.*

19. *10-18* 19 *46* *Elizabeth G. Heck*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Oct. 18- 1946 at 12 A*  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *July 1* 19 *46* to *Oct 18* 19 *46*  
 and that I last saw him alive on *Oct 18* 19 *46*  
 Immediate cause of death

*Carcinoma of Prostate* DURATION *6 mo.*  
 Due to  
 Due to  
 Other conditions *Secondary Anemia*  
 (Include pregnancy within 3 months of death)  
 Major findings of operations *none* Date of op.  
 Autopsy results *none*  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?  
 23. SIGNATURE *A. Arthur Pearce, M.D.* M. D. or other  
 Address *Frederick, Md.* Date signed *10/18/46*

RECEIVED

OCT 22 1946

BUREAU V B

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10035

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County... Frederick  
City or town... State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 9/9/46  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 9/9/46

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State... Maryland County...  
City or town... Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 3718 Mt. Pleasant Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war. ✓

### 3. (a) FULL NAME

John Zoch

### 3. (b) Social Security Number

215-01-7785

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 11/5/1909 6.(c) If alive, give age years

8. AGE: Years 36 Months 11 Days 7 If less than one day hrs. min.

9. Birthplace Baltimore, Md.  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Frank Zoch 13. Birthplace Germany

MOTHER 14. Maiden name Rosilie Ostrawski 15. Birthplace Germany

18. Informant Deceased

Address

17. Burial, cremation, or removal, Which? Unknown Burial 10/16/46 Unknown  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Holy Unknown Redeemer

Location Unknown Baltimore, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. Oct 12 19 46 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 19 46 at 10:00 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 9 19 46 to Oct. 12 19 46 and that I last saw him alive on October 12 19 46

Immediate cause of death Pulmonary Tuberculosis DURATION 4 Mos.

Laryngeal Tuberculosis 2 Mos.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. [Signature]

M. D. [Signature]

Address State Sanatorium, Md. Date signed 10/12/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 14 1946  
BUREAU V B.